



State of New Hampshire
Office of Professional Licensure & Certification
Board of Pharmacy
121 South Fruit Street
Concord, NH 03301-2412
Tel.: (603) 271-2350 Fax: (603) 271-2856
Website: www.nh.gov/pharmacy/

PHARMACY TECHNICIAN REGISTRATION RENEWAL FORM

April 1, 2016 – March 31, 2017 Registration Period

NH Reg. #: **PT** _____

Name: _____

Address: _____

City/State/Zip: _____

RENEWAL FEE:
\$50.00
Check or Money Order
Payable to:
Treasurer, State of
New Hampshire

1. GENERAL CONTACT INFORMATION

Home/Cell Phone #:

() -

E-Mail Address:

2. CURRENT PHARMACY EMPLOYMENT

Name of Pharmacy Where You Are Currently Employed

Complete Address Of Pharmacy

Street

City/Town

State

Zip Code

3. INFORMATION ON NATIONAL CERTIFICATION

Are you currently Nationally Certified by PTCB, NHA / ICPT, or ASHP?

☐ Yes *

☐ No **

** If Yes, and you and your pharmacist-in-charge desire that you be able, and have been adequately prepared/trained, to perform the expanded duties of a NH Certified Technician (per Ph 807.03) then section 4 (below) must be completed by your pharmacist-in-charge and you must attach a copy of your current, non-expired Certificate of National Certification.*

*** If No, then you may skip section 4 of this form (Note: Only Nationally Certified Techs are eligible for optional NH Certification).*

4. STATEMENT FROM PHARMACIST-IN-CHARGE FOR APPLICANTS FOR NH CERTIFIED PHARMACY TECHNICIAN STATUS

I, _____, pharmacist-in-charge of _____

Printed Name of Pharmacist-In-Charge

Name & Address of Pharmacy

would like the above technician to be able to perform the expanded duties of a NH Certified Pharmacy Technician per Ph 807.03 and I have verified and confirm to the Board that Pharmacy Technician _____ employed at the above pharmacy is

Printed Name of Pharmacy Technician

qualified and has been provided adequate training to take on the additional duties of a NH Certified Pharmacy Technician as noted in Ph 807.03 and if the above technician's duties include sterile compounding, that the technician has received proper sterile compounding training.

Certified By: _____

Signature of Pharmacist-In-Charge

Date: _____

6. CHARGES, CONVICTIONS, DISCIPLINARY ACTIONS - ALL QUESTIONS MUST BE ANSWERED.

- A. Since your last renewal, have you ever been convicted, fined, disciplined or had your registration/certification/license revoked for violation of pharmacy-related drug laws/regulations in this or any other state? ☐ Yes* ☐ No * If Yes, Attach Explanation.
-
- B. Are you presently charged with violations of pharmacy-related drug laws/regulations in this or any other state? ☐ Yes* ☐ No * If Yes, Attach Explanation.
-
- C. Have you ever been convicted of a felony as defined under any state or federal law? ☐ Yes* ☐ No * If Yes, Attach Explanation.
-
- D. Are you presently charged with the commission of any such felony? ☐ Yes* ☐ No * If Yes, Attach Explanation.
-
- E. Since your last renewal, have you ever voluntarily surrendered your pharmacy technician registration/license/certificate, for disciplinary reasons, to this or any other state or licensing authority? ☐ Yes* ☐ No * If Yes, Attach Explanation.

**You must explain each yes answer (additional information may be listed on an attached sheet of paper).
For any convictions, a copy of the legal/court documents must be submitted with your application.**

7. APPLICANT'S STATEMENT

I certify that I am the person described and identified in this application; that I have read Ph 800 of the NH Code of Administrative Rules, available online at http://www.nh.gov/pharmacy/documents/ph_800.pdf and that I have answered all questions truthfully and completely. Should I furnish any false or misleading information on this application, I hereby understand that such an act shall constitute cause for the denial or revocation of my registration as a pharmacy technician in the State of New Hampshire.

Signature: _____

Date: _____

Please note: Your renewal permit number will be changing. The alpha code for all permits will change from "PT" to "PHT" followed by a 4 or 5 digit number. This new alpha numeric system has been approved for all Pharmacy Technicians to begin with the 2016-17 renewal periods. All new Pharmacy Technician Permits will also use this alpha numeric system beginning April 1, 2016.